

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586153

7-14-06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2		1		1		
3						
4						
5		5		1		
6		5		1		
7		5		1		
8	1		1			
9						
10	1		1			
11						
12	3		1			
13	3		1			
14	1		1			
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			10			
TOTAL CLAIMS			12			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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